

THE PATIENTS' PROTECTION ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentleman from West Virginia (Mr. WISE) is recognized during morning hour debates for 4 minutes.

Mr. WISE. Mr. Speaker, I say to my friend, the gentleman from Illinois, perhaps the ultimate test of the marriage tax is that it truly shows that couples love each other if they are still willing to get married, knowing they are going to pay more for the privilege.

Mr. Speaker, I want to talk about the Patients' Protection Act. It is essential that it be debated on this floor, and I mean a full Patient Protection Act that protects patients who are in managed care plans. That is why I was number 29 out of 159 that have so far signed the discharge petition, an extraordinary remedy, to bring this bill to the floor, to force it to the floor so this entire House can vote on it, because it is very likely that the House will not get to vote on this bill unless we get this discharge petition signed by 218 Members. One hundred fifty-nine of us signed it yesterday. I was pleased to be the 29th in line to sign it.

We support a bipartisan Patients' Protection Act, a Patients' Protection Act that works and protects people in managed care plans. Managed care plans can be health maintenance organizations, HMOs. They can be PPOs, preferred provider options. They can be other plans in which you pay less, but you also give up some of your choice in terms of choosing providers and where you go to get your care.

The Patients' Protection Act that I support, and that so far we have 159 Members who have signed the discharge petition on, would say, for instance, that a person going to the emergency room cannot be denied reimbursement for that if they use a prudent layperson's standard, if they had reasonable grounds to go to that emergency room. No insurance company can come behind them and say, no, those pains really were not justified. You do not get paid.

This would also grant a patient a fast appeal, so if an insurance company turns down the doctor and said, no, you cannot give that test, or you cannot perform that procedure, that patient has a right to a fast appeal on that.

It eliminates gag rules. In other words, physicians cannot be told by insurance companies and managed care plans that they cannot tell patients about certain procedures that might assist them, even though those procedures are not covered by the plan. It also guarantees access to specialists. If you do not like the specialist they send you to, it provides you access to other specialists. That is not the case in all managed care plans.

It has prohibitions on financial incentives given to physicians not to provide care. The physician should not be rated on the basis of whether or not they were able to divert people from

the care they need. They should be paid on the basis of the excellent care they are capable of giving.

The Patients' Protection Act also has accountability. It has enforceability, for the patient to enforce the provisions on insurance plans. It is not fair that that a physician, in the best exercise of his or her judgment, would try to prescribe a treatment, say a CAT scan, and the insurance company refuses to pay for it, therefore making it not available to that physician to prescribe and to that patient.

Should something happen, who is it that gets sued? The physician gets sued, but the people who actually put it into motion do not. What this would say is that everybody is going to be held accountable in the same way.

The Congressional Budget Office, no friend of the Democratic Party but run by the Republican Party, has estimated the increased cost would be, at the most, about \$2 per month to consumers, \$4 per month overall. That is not very much to pay for an adequate Bill of Rights.

The plan that we support would apply to 161 million Americans. Regrettably, the one the Republican leadership wants to put forward would apply to only 48 million Americans. In West Virginia, this is a fast-growing area of concern. We have seven HMOs alone that now take up about 11 percent of all patients covered by insurance, around 202,000 people. Those are just the HMO. They do not deal with the other managed care plans.

While 73 percent of Americans are now covered by some kind of managed care plan, we have not seen that kind of deep penetration yet in our State, but we will, so I want to head problems off in managed care plans before they get to the mountain State. That is why I support a Patients' Protection Act, and why I think it is essential that this Congress vote on it this week.

Mr. Speaker, we urge all Americans to rally around a Patients' Protection Act. It is vitally important that we get a Patients' Protection Act that has true accountability in it, that makes insurance companies responsible, the same way our doctors and providers and nurses and hospitals are responsible.

We want to make sure that we have access to specialists under these insurance plans, these managed care plans. We want to make sure that there are no gag rules. We want to make sure that doctors are not discouraged from providing the treatment that they know they want to be providing.

That is why it is important that this Congress vote, Mr. Speaker, on a Patients' Protection Act that really does something for America.

URGING MEMBERS' SUPPORT FOR THE BASE CAMPAIGN FINANCE REFORM BILL, THE BIPARTISAN CAMPAIGN INTEGRITY ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 21, 1997, the gentleman from Arkansas (Mr. HUTCHINSON) is recognized during morning hour debates for 5 minutes.

Mr. HUTCHINSON. Mr. Speaker, in the midst of our important work on appropriation bills in this body we are engaged in another struggle, in a historic debate on campaign finance reform. I say it is historic because of the depth of the problem we are addressing, but also because of the length of the debate. It has been a long debate. We have engaged in over 20 hours of debate on this floor on the reform legislation.

I rise today in support of the base bill, which is the Bipartisan Campaign Integrity Act. It is Hutchinson-Allen, the freshman bill that has been offered to this body on which all of the 11 substitute amendments hinge.

Presently we have debated three of the substitute amendments. We are presently on the Shays-Meehan substitute. We are going to have a vote on that in the near future, and then, before the August recess, we will have final action on the campaign finance reform legislation. We will have a vote on the Hutchinson-Allen freshman bill.

I ask my colleagues to join me in continuing to keep our eye and our focus on the Bipartisan Campaign Integrity Act, because I believe it is the best hope for reform that this body will consider. After months of debate, I am more optimistic than ever that this House will pass real reform. The best opportunity for that reform will be the Hutchinson-Allen freshman bill.

I wanted to point out this morning an article that was published in the National Journal by Stewart Taylor, Junior, an excellent examination of the campaign finance reform issue. It outlines four different reasons why the freshman bill is unique among all the proposals, offers something different, is a new direction, and merits our close examination and support.

This article in the National Journal by Stewart Taylor, Junior, was published on July 18, 1998. It says, "The good news is that after a long winnowing process, the two principal campaign finance proposals now before the House of Representatives looked pretty promising."

Of course, he is referring to the Shays-Meehan bill that is presently being debated, but also the freshman bill. But he says that his personal favorite is the freshman bill, the Hutchinson-Allen bill. He goes through four different points that I think merit our consideration.

The first one is that the freshman bill would provide for campaign finance reform without seriously risking judicial invalidation. In other words, the author is saying that the freshman bill is constitutional, does not push that extra limit, infringe upon our constitutional liberties.

If we want something that will pass this House and the Senate, be signed by the President, and be upheld by the United States Supreme Court, then it

is the freshman bill. That is the first point that he makes.

The second point that he makes that is unique about the freshman bill is that it significantly bans soft money, as the Shays-Meehan bill also does. But the freshman bill bans the soft money to the Federal parties. He points out that the soft money loophole, whereas perhaps well-intentioned at the beginning, over the years has been abused. It has been. That is the greatest abuse in our system, the soft money loophole that allows the money that flows outside the regulated system from corporations, from labor unions, from wealthy individuals. That is what is addressed in the freshman bill very significantly.

A third point that he makes is the political realities. The freshman bill passes the political realism test. We are going to have to avoid the extremes. We do that, whether we are talking about free TV or whether you are talking about public financing. The freshman bill is realistic reform that can pass this body in a bipartisan fashion.

The fourth point that he makes that is significant is that the freshman bill breaks the relationship between the Federal officeholder and the chase for soft money. I believe that is unique about the freshman bill, because we prohibit a Federal candidate from soliciting soft money for the Federal parties, but as well as any State party other than his own, I think for any soft money at all; breaks the link between the Federal candidate and the chase for soft money.

These are four important, unique aspects about the freshman bill. It is good legislation that I urge my colleagues to support. First of all, it strengthens the individual role in our campaign system. It does that by preventing the individual role from being drowned in a sea of soft money, so it strengthens the individual; also by providing more information, increasing disclosure, information as to the timeliness of where the money is coming from. Then it stops the erosion of the value of the individual contribution by indexing benefits to the rate of inflation, indexing the contribution limits. That is what is good.

I urge my colleagues to support the freshman bill when it comes up for a vote on the floor.

AMERICANS NEED A PATIENT BILL OF RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentleman from Maine (Mr. BALDACCI) is recognized during morning hour debates for 5 minutes.

Mr. BALDACCI. Mr. Speaker, I am pleased to rise this morning to discuss one of the most important issues facing this Congress, the need to adopt a meaningful, comprehensive Patient Bill of Rights. For too long patients

have been forced to wage lonely battles against sometimes callous managed care companies. We have heard too many cases where insurance actuaries, not doctors, make the final decision about a patient's medical care. This is wrong, and we must change it.

For years we have tried to help in the health care debate, and we have tried to adjust here or there to try to help people, working families, throughout Maine and America. Constantly the boxes have changed, and as soon as we try to work on something, the managed care companies figure out a way around it.

The best thing that we can do is to give every single American a bill of rights as it pertains to their health care policies, so regardless of whether the company is putting forward a PPO, an HMO, or whatever they wanted to call it, every single American will have a bill of rights as it pertains to their health care, so they will have their rights, regardless of the policies that a company or individual government entities would like to put forward; every American would have these basic rights.

It is a very important issue for all Americans. As they are being denied care in emergency rooms, as they are being denied the proper drug treatment that has been prescribed by a physician, and as they have been having insurance company bureaucrats making medical decisions and determining where and when and what type of health care individuals should receive, then those insurance companies, those insurance company bureaucrats, ought to be held medically liable. If physicians have to get medical malpractice insurance to protect themselves in their duties, and if insurance company executives are going to make those same decisions, they should also be held medically liable for that decision.

In my State, where there are many seniors that require many prescription drugs, between Parkinson's and other types of drugs that must be taken, they are expensive, and physicians are saying that the right treatment, the right mix has to be given. If it is upset or they cannot use the right medications, it is going to upset that person's health care.

In many cases, insurance companies give lists of drugs that can be given, and no other drugs. In order to appeal those decisions, to have the right treatment, we need to make sure that we have an enforcement mechanism, holding people medically responsible if they are not going to give seniors the types of prescription medication they need to have.

As far as information, it is so vitally important that a patient have the information as to their health care, as to their needs, and not to have that information kept from the patient because of the agreements and contracts that have been worked out behind the scenes between insurance companies and between some physicians. We as

patients, as health care consumers, need to have that information.

I think this is a very important piece of legislation. I have signed the discharge petition that Members have signed to force this issue, in an unprecedented move to have over 218 Members forcing this issue to be debated before this House this week, because it is the most important issue in America today, to make sure that people have an individual Patient Bill of Rights, regardless of the health care they are being offered.

We must have this. It is a bipartisan effort. It knows no party. It is supported throughout America by Republicans, Democrats, Independents, people of all political stripes. It is something we need to do.

In my own State of Maine, where we have approximately 1.2 million people, over 200,000 are unrolled in HMO plans, and more is yet to come. Medicare is being formed into managed care. Other types of insurance companies and business are grouping together.

It is so important and imperative that we get this passed by this Congress this week. If they are going to make the decisions which harm individuals, then insurance companies are going to have to be held medically responsible and medically liable if they are going to be making these decisions. This will make sure that insurers are accountable for their actions.

As we become increasingly dependent upon computers and computerized records, this legislation makes important steps towards insuring confidentiality of medical records. We cannot allow the misuse of private medical information.

Finally, I am pleased that this bill takes steps to insure that plans which cover the drugs are going to cover all drugs which are medically indicated.

Later this week we are going to have an opportunity to vote on this plan offered by our Republican colleagues. While I am pleased that they have offered a plan, their plan leaves many millions uninsured and uncovered. I believe their plan comes up short because not only does it leave them uncovered, but it also does not have an enforcement mechanism to hold the insurance company and team making the decision to a responsible treatment and liability.

This is a bipartisan, comprehensive bill that will give Americans meaningful rights.

URGING MEMBERS TO STUDY THE ARTICLE "STATESMANSHIP AND ITS BETRAYAL"

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentleman from Georgia (Mr. BARR) is recognized during morning hour debates for 5 minutes.

Mr. BARR of Georgia. Mr. Speaker, very infrequently I come across an article written by a person that rises so far above and beyond the normal, mundane literature we read daily in newspapers and see and hear visually and